Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
HEALTHTRUST

Respondent Name
HARTFORD INSURANCE COMPANY

MFDR Tracking Number
M4-10-4702-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
July 13, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier gave preauthorization for 6 sessions of individual psychotherapy as you will see in the attached documentation. However, no notices of any compensability or relatedness were noted in said preauthorization as dictated by the Texas Code..."

Amount in Dispute: $1,626.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please find our initial response to the attached MDR. We have escalated the bill for additional review and it remains in process at this time. The carrier will contact the provider to discuss resolution and withdrawal of the MDR once the bill processing has been finalized. The carrier will file a supplemental response with TDI once the additional review of the bill has been completed."

Response Submitted by: Gallagher Bassett Service, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 3, 2010	90801	$741.42	$681.58
March 24, 2010, March 31, 2010, April 7, 2010, April 21, 2010, April 28, 2010 and May 5, 2010	90806	$885.36	$825.18
TOTAL		$1,626.78	$1,506.76

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 sets out the procedure for Medical Bill Processing/Audit by Insurance Carrier.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
4. 28 Texas Administrative Code §134.203 sets out the Medical Fee Guideline for Professional Services.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - BL – Section 413.042 of the Texas Labor Code prohibits a provider from balance billing an injured worker for workers compensation
   - BL – To avoid duplicate bill denial, for all recon/adjustments/additional pymnt requests, submit a copy of the EOR or clear notation that ...
   - W1 – Workers compensation state fee schedule adjustment

Issues

1. Did the insurance carrier submit documentation to support the denial of extent of injury?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.240 "(h) An insurance carrier shall have filed, or shall concurrently file, the applicable notice required by Labor Code §409.021, and §124.2 and §124.3 of this title (relating to Investigation of an Injury and Notice of Denial/Dispute) if the insurance carrier reduces or denies payment for health care provided based solely on the insurance carrier's belief that: (1) the injury is not compensable; (2) the insurance carrier is not liable for the injury due to lack of insurance coverage; or (3) the condition for which the health care was provided was not related to the compensable injury."

   To determine whether an extent-of-injury related dispute existed at the time any particular medical fee dispute was filed with the Division and whether it was related to the same service, the applicable 28 Texas Administrative Code §133.240 (h) addresses actions that the insurance carrier is required to take, during the medical bill review process when the insurance carrier determined that the medical service was not related to the compensable injury.

   The supplemental position summary dated April 24, 2014, submitted by Maciel Carillo with Gallagher Bassett Services, Inc., raises issues of unresolved CEL. Review of the initial and reconsideration EOBs submitted by both the requestor and the respondent do not contain denial reasons disputing Compensability, Extent of Injury and or Liability (CEL). The insurance carrier's denial of CEL is therefore not supported and the disputed services are reviewed pursuant to the applicable Division rules and statutes.
2. Per 28 Texas Administrative Code §134.203 "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year."

   Per 28 Texas Administrative Code §134.203 "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title."

   The requestor seeks $741.42 for CPT code 90801. The MAR reimbursement is $681.58, therefore this amount is recommended for date of service March 3, 2010.

   The requestor seeks $147.56 for CPT code 90806. The MAR reimbursement is $137.53, therefore this amount is recommended for dates of service March 24, 2010, March 31, 2010, April 7, 2010, April 21, 2010, April 28, 2010 and May 5, 2010, for a total recommended amount of $825.18.

   Review of the submitted documentation finds that the requestor is entitled to a total reimbursement amount of $1,506.76.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $1,506.76.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $1,506.76 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		May 28, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.